

**State:** District of Columbia **First Filing Company:** Oden, a West business, ...  
**TOI/Sub-TOI:** 18.0 Product Liability/18.0000 Product Liab-Occ/Claims Made  
**Product Name:** Oden Policy Terminator  
**Project Name/Number:** DC C28/DCC-CN-0518#6

## Filing at a Glance

Companies: Oden, a West business  
West Publishing Company, dba Oden  
West Publishing Corporation, using the name Oden, a West business  
West Publishing Corporation, dba Oden, a West business  
ODEN

Product Name: Oden Policy Terminator

State: District of Columbia

TOI: 18.0 Product Liability

Sub-TOI: 18.0000 Product Liab-Occ/Claims Made

Filing Type: Form

Date Submitted: 05/03/2018

SERFF Tr Num: ODEN-131486113

SERFF Status: Closed-APPROVED

State Tr Num:

State Status:

Co Tr Num: DCC-CN-0518#6

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s): Penny Baker, Amber King

Reviewer(s): Carmen Belen (primary)

Disposition Date: 05/04/2018

Disposition Status: APPROVED

Effective Date (New): 05/04/2018

Effective Date (Renewal): 05/04/2018

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**State:** District of Columbia **First Filing Company:** Oden, a West business, ...  
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## General Information

Project Name: DC C28	Status of Filing in Domicile: Not Filed
Project Number: DCC-CN-0518#6	Domicile Status Comments: Filing not required in Oklahoma.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/04/2018	
State Status Changed:	Deemer Date:
Created By: Amber King	Submitted By: Amber King
Corresponding Filing Tracking Number:	

### Filing Description:

Updated the addresses and phone numbers for the District's Assigned Risk Plans.

## Company and Contact

### Filing Contact Information

Deborah Rainey, Licensing Filing Administrator	deborah.rainey@thomsonreuters.com
1216 E Kenosha St, #144	651-848-3460 [Phone]
Broken Arrow, OK 74012-2007	651-848-9902 [FAX]

**State:** District of Columbia **First Filing Company:** Oden, a West business, ...  
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**Product Name:** Oden Policy Terminator  
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**Filing Company Information**

ODEN	CoCode:	State of Domicile: Oklahoma
610 Opperman Dr; D3-S1220	Group Code:	Company Type: Advisory
Eagan, MN 55123-1340	Group Name:	Organization
(651) 848-3460 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

Oden, a West business	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type:
Tulsa, OK 74133	Group Name:	Advisory/Rating Organization
(918) 556-5332 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Company, dba Oden	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type:
Tulsa, OK 74133	Group Name:	Advisory/Rating Organization
(918) 556-5305 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Corporation, using the name Oden, a West business	CoCode:	State of Domicile: Minnesota
7645 E 63rd St., Suite 200	Group Code:	Company Type: Rate Service
Tulsa, OK 74133	Group Name:	Organization
(877) 633-6467 ext. 305[Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Corporation, dba Oden, a West business	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type: Advisory
Tulsa, OK 74133	Group Name:	Organization
(877) 633-6467 ext. 305[Phone]	FEIN Number: 41-1426973	State ID Number:

**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Oden, a West business, ...
<b>TOI/Sub-TOI:</b>	18.0 Product Liability/18.0000 Product Liab-Occ/Claims Made		
<b>Product Name:</b>	Oden Policy Terminator		
<b>Project Name/Number:</b>	DC C28/DCC-CN-0518#6		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/04/2018	05/04/2018

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Oden, a West business, ...
<b>TOI/Sub-TOI:</b>	18.0 Product Liability/18.0000 Product Liab-Occ/Claims Made		
<b>Product Name:</b>	Oden Policy Terminator		
<b>Project Name/Number:</b>	DC C28/DCC-CN-0518#6		

## Disposition

Disposition Date: 05/04/2018  
Effective Date (New): 05/04/2018  
Effective Date (Renewal): 05/04/2018  
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Oden PT Filing Cover Letter and Forms list	APPROVED	Yes
Form	Notice of Cancellation Product Liability	APPROVED	Yes
Form	Notice of Nonrenewal Products Liability	APPROVED	Yes

SERFF Tracking #:

ODEN-131486113

State Tracking #:

Company Tracking #:

DCC-CN-0518#6

State: District of Columbia

TOI/Sub-TOI: 18.0 Product Liability/18.0000 Product Liab-Occ/Claims Made

Product Name: Oden Policy Terminator

Project Name/Number: DC C28/DCC-CN-0518#6

First Filing Company: Oden, a West business, ...

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	APPROVED 05/04/2018	Notice of Cancellation Product Liability	CC969708 01DC4201 8	2018	CNR	Replaced	Previous Filing Number:	DCCCNr- 0315#7		C-PRODLIAB- CLAIMS- ALLReasons.pdf, C-PRODLIAB- OCC- ALLReasons.pdf
							Replaced Form Number:	CC96970801D C82013		
2	APPROVED 05/04/2018	Notice of Nonrenewal Products Liability	CN969708 01DC4201 8	2018	CNR	Replaced	Previous Filing Number:	DCCCNr- 0315#7		N-PRODLIAB- CLAIMS- ALLReasons.pdf, N-PRODLIAB- OCC- ALLReasons.pdf
							Replaced Form Number:	CN96970801D C82013		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

XYZ INSURANCE COMPANY  
123 FIRST STREET  
TULSA SD 57007

## NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: PRODUCTS LIABILITY-CLAIMS MADE  
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

If you dispute this action, you may, before the effective date of this action, send written notification to the Commissioner and to us of the reasons why you dispute this action. The Commissioner will, unless the matter has already been settled, determine if this action was authorized under the terms of this chapter. The Commissioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
123 FIRST STREET  
TULSA SD 57007

## NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: PRODUCTS LIABILITY-OCCURRENCE  
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

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Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of April, 2018

AUTHORIZED REPRESENTATIVE



XYZ INSURANCE COMPANY  
123 FIRST STREET  
TULSA SD 57007

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: PRODUCTS LIABILITY-CLAIMS MADE  
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
123 FIRST STREET  
TULSA SD 57007

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: PRODUCTS LIABILITY-OCCURRENCE  
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Oden, a West business, ...
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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	Not applicable to this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not applicable to this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Not applicable to this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

<b>Satisfied - Item:</b>	Oden PT Filing Cover Letter and Forms list
<b>Comments:</b>	
<b>Attachment(s):</b>	Forms List.pdf ODEN PT Cover Letter.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

**Rating Organization: Oden a West Business  
610 Opperman Drive  
D3-S1220  
Eagan, MN 55123  
(651)848-3472**

**DISTRICT OF COLUMBIA  
(Commercial Lines)**

**FILING REFERENCE NO. DCC-CN-0518#6**

**Cancellation & Nonrenewal Notices for Personal and Commercial Lines Policies are submitted for approval based on Notice of Cancellation and Nonrenewal Update for Property and Casualty Insurers Operating in the District of Columbia – March 9, 2018. Updated the addresses and phone numbers for the District's Assigned Risk Plans.. Filing Reference No. DCCCNR-0315#7is hereby withdrawn.**

**Forms to be Withdrawn:**

**New Form Numbers:**

**CANCELLATION FORMS**

**CANCELLATION**

**CC96970701DC82013  
Products Liability Occurrence (or  
Products Liability Claims Made) for all permitted reasons**

**CC96970701DC42018**

**NONRENEWAL**

**CN96970701DC82013  
Products Liability Occurrence (or  
Products Liability Claims Made) for all permitted reasons**

**CN96970701DC42018**

## **ODEN PT FILING MEMO**

**To: District of Columbia Department of Insurance, Securities & Banking**

**From: Oden a West Business – Rating Organization**

**Date: May 2, 2018**

**Re: Filing for approval – Cancellation and Nonrenewal Notices for Products Liability Occurrence and Products Liability Claims Made Occurrence - Filing Reference # DCC-CN – 0518#6**

These policy forms have been modified to the Oden Policy Terminator software program: Cancellation and Nonrenewal Notices for Products Liability Occurrence and Products Liability Claims Made. Notices of Cancellation and Nonrenewal, are submitted for approval.

Also included is a list of the form numbers for the notices. This is a replaced filing as this is a modified policy form.

The most current list of member companies on whose behalf we are submitting these filings was emailed April 9, 2018 to Denise Parker, Rate & Form Analyst.

The notices are generated from the ODEN Policy Terminator (PT), which was developed in 1995. The software program is a knowledge based program that meets the requirements of all 50 states and the District of Columbia for commercial and personal lines.

The PT program does not store forms. Rather, it generates notices for the specific state requirements of all variables based on the action being taken, the reason for the action and the policy type or coverage.

Thus, the program assigns a "form number" for each specific situation. The form number is located in the lower left-hand corner of the notice. For example: PC96970801DC42018. (The last 5 digits are not an edition date, but rather the date of the most recent "clause" on the notice.)

If you have any questions or need further information, please do not hesitate to contact me at (651)848-3472 or by e-mail: penny.baker@thomsonreuters.com  
Or Amber King at (651)848-3451 or by e-mail: amber.king@thomsonreuters.com

Filing submitted by,  
Penny Baker  
PT Filing Administrator  
Oden, a West business  
601 Opperman Drive  
D3-S1220  
Eagan, MN 55123